

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28244

6810

BIRTH NO. 6225-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY X	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital		d. STREET ADDRESS (If rural, give location) 2218A So. 11th	
3. NAME OF DECEASED (Type or Print) a. (First) Donna		c. (Last) Tullock	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8/4/55	
9. AGE (In years last birthday) 8/5/55		10. MONTH (Day) (Year)	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ronald Gene Tullock		13b. MOTHER'S MAIDEN NAME Elsie Laura Carver	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ronald Tullock	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis INTERVAL BETWEEN ONSET AND DEATH Since Birth ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Too premature 30 weeks gestation	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7625	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from August 4, 1955, to August 5, 1955, that I last saw the deceased alive on August 4, 1955, and that death occurred at 6:30 a.m., from the causes and on the date stated above.	
23a. SIGNATURE Leroy E. Ellison M.D.		23b. ADDRESS 3610 So. Broadway St. Louis Mo.	
23c. DATE SIGNED Aug 5, 1955		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug 5, 1955		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funerl Home-1926 Allen Ave	
DATE REC'D BY LOCAL REG. AUG 5 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed

working under my personal supervision.

Student Embalmer No. ....

Signed

Reinhold H. Lohmann

Signed.....  
Student Embalmer

Licensed Embalmer No. 3395

P. O. Address

St Louis 4 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.